

**2017 COMPENSATION REPORT  
PRESBYTERY OF EAST TENNESSEE**

**PLEASE TYPE OR PRINT LEGIBLY**

NAME: \_\_\_\_\_

POSITION:    Minister    Associate    Interim    Stated Supply    Temporary Supply    CRE    DCE

EMPLOYMENT STATUS:    Full-time    Part-time - # of hours per week \_\_\_\_\_

CHURCH: \_\_\_\_\_

ADDRESS: (preferred mailing address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBERS: Home \_\_\_\_\_ Fax \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Do you have employment income other than from the position listed above?    Yes    No

List other employment and amount of income: \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

	2016	2017
1. Salary	_____	_____
2. Use of Manse (30% of salary) <u>OR</u> Housing Allowance	_____	_____
3. Pension & Medical (35% of Effective Salary/36.5% for minister and family)	_____	_____
4. Insurance (specify) _____	_____	_____
5. SECA Reimbursement (7.65% of Effective Salary)	_____	_____
6. Mileage Allowance (IRS rate for 2017: 53.5 cents/mile)	_____	_____
7. Continuing Education Allowance	_____	_____
8. Other (specify) _____	_____	_____

Is a professional expense reimbursement account used?    Yes    No

Was an Annual Review of Compensation conducted?    Yes    No

Verified by Treasurer or Clerk of Session \_\_\_\_\_  
Title \_\_\_\_\_

Signature of Minister/DCE \_\_\_\_\_

**PLEASE RETURN BY February 24, 2017, TO:**  
Presbytery of East Tennessee  
P. O. Box 31625  
Knoxville, TN 37930-1625  
OR FAX TO: (865) 689-3364  
OR EMAIL TO: office@presbyteryeasttn.org